D3049 Attorney Docket No.: David Beryl Lazarus First Inventor: UTILITY INSTRUCTIVE OUT-OF-SERVICE TELEPHONE LINES PATENT APPLICATION Title: TRANSMITTAL Express Mail Label No.: (Only for new nonprovisional applications under 37 CFR 1.53(b)) Mail Stop Patent Application APPLICATION ELEMENTS Commissioner for Patents ADDRESS TO: (see MPEP chapter 600 concerning P.O. Box 1450 utility patent application contents) Alexandria, VA 22313-1450 CD-ROM or CD-R in duplicate, large X Fee Transmittal Form in duplicate 1. table or Computer Program (Appendix) (Submit an original and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence 8. Applicant claims small entity status 2. (if applicable, all necessary) See 37 CFR 1.27 Computer Readable Form (CFR) X | Specification **Total Pages** a. 3. Specification Sequence Listing on: (preferred arrangement set forth below) CD-ROM or CD-4 (2 copies); i. -Descriptive title of the invention ii. or paper -Cross Reference to Related Applications Statements verifying identify of above copies -Statement Regarding Fed sponsored R&D ACCOMPANYING APPLICATION PARTS -Reference to sequence listing, a table, Assignment Papers (cover sheet & document(s)) -Background of the Invention -Brief Summary of the Invention 37 CFR 3.73(b) X Power of Attorney -Brief Description of the Drawings (if filed 10. Statement (when there is an assignee) -Detailed Description English Translation Document (if applicable) 11. -Claim(s) -Abstract of the Disclosure Copies of IDS Citations 12. **IDS** Preliminary Amendment 13. 6 4. X | Drawing(s) Total Sheets Return Receipt Postcard (MPEP 503) 14. Oath or Declaration 5. Certified Copy of Priority Document 15. X Newly executed (original or copy) Nonpublication Request under 35 U.S.C. Copy from a prior application (37 16. 122(b)(2)(B)(i). Applicant must attach form CFR 1.63(d)) (for continuation/ divisional with PTO/SB/35 or its equivalent. Box 18 completed) DELETION OF INVENTOR(S) 17. Other: Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Application Data Sheet under 37 CFR 1.76 IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: 18. Prior Appl. No. Continuation-in- Part (CIP) Divisional Continuation Group/Art Unit: Prior Appl. information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below 27774 or Customer Number or Bar Code Label M Michael P. Fortkort Name

State

NJ

Date

Registration No.

908-518-7700

Zip Code

Fax

07090

908-518-7795

50,516

10/29/2003

Mayer Fortkort & Williams, PC 251 North Avenue West, 2nd Floor

Telephone

Westfield

U.S.A.

Address

Country

SIGNATURE

Name

City



		Complete if Known							
FEE TRANSMITTAL		Application Number Unassigned							
		Filing Date		Filed Herewith					
·		First Named Inventor		D3049					
Patent fees are subject to annual revision		Examiner Name		Unassigned					
•	Group Art Unit		Unassigned						
TOTAL AMOUNT OF PAYMENT (\$) 828				D3049					
TOTAL AMOUNT OF PAYMENT		Attorney Docke	et No.	D3048		0410	III ATIO	N (continued)	
METHOD OF PAYMENT				FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and			3. ADDITIONAL FEES						
credit any overpayment to: Deposit Account Number 502117			Large Small <u>Entity</u> <u>Entity</u>						
Deposit Account Name	SILIVI		Fee	Fee	Fee	Fee			- m-m
E CONTRACTOR CONTRACTO			Code	(\$)	Code	(\$)	<u>F</u>	ee Description	
Charge Any Additional Fee required under 37 CFR 1.16 and 1.17			1051	130	2051	65		 late filing fee or oath 	
			1052 1053	50 130	2052 1053	25 130		 late Provisional filing specification 	
Applicant claims small entity status. See 37 CFR 1.27			147	2520	147	2520		request for ex parte	
2. Payment Enclosed:			1804	920*	1804	920*		publication of SIR prior to	
Check Credit Card Money Order Other			1805	1840*	1805	1840*	Examiner Requestin Examiner	g publication of SIR after	
		·	1251	110	2251	55	Extension	for reply within first month	
FEE CALCULATION			1252	420	2252	210		or reply within second month	
			1253 1254	950 1480	2253 2254	475 740		or reply within third month	
1. BASIC FILING FEE			l					or reply within fourth month	
			1255 1401	2010 330	2255 2401	1005 165	Notice of	for reply within fifth month	
Large Entity Small Entity Fee Fee Fee Fee			1402	330	2402	165	Filing a br	ief in support of an appeal	
Code (\$) Code (\$)	F	ee Paid	1403	290	2403	145		or oral hearing institute a public use	
1004 770 0004 305	Littlibu filing foo	770	1451 1452	1510 1330	1451 2452	1510 665	proceedir Petition to	g revive - unavoidable	
1001 770 2001 385 1002 340 2002 170	Utility filing fee 7 Design filing fee	770	1453	1330	2453	665		revive - unintentional	
1003 530 2003 265	Plant filing fee		1501	1330	2501	665		ue fee (or reissue)	
1004 770 2004 385	Reissue filing fee		1502	480	2502	240	Design is		
1005 160 2005 80	Provisional filing fee		1503	640	2503	320 130	Plant issu	ie fee to the Commissioner	—— <u> </u>
	SUBTOTAL (1) (\$) 770		1460 1807	130 50	1460 1807	50		ng fee under 37 CFR 1.17(q)	
2. EXTRA CLAIM FEES	OODIOTAL (I) (V) III		1806	180	1806	180	Submissi	on of IDS	
2. EXTRA CLATIFIFES Previously	Extra Fee fro	om	8021	40	8021	40		g each patent assignment	40
Paid** Total Claims 21 - 20	Claims below	Fee Paid = 18	1809	770	2809	385		ty (times number of properties) ubmission after final	
Independent Claims 3 - 3	= 0 X 86	= 0					rejection	(37 CFR § 1.129(a))	
Multiple Dependent	280] = [1810	770	2810	385		additional invention to be d (37 CFR § 1.129(b))	
Large Entity Small Entity		لـــا د	1801	770	2801	385	Request	for Continued Examination	
Fee Fee Fee Fee Code (\$)	Fee Descrip	otion	1802	900	1802	900	(RCE) Request) for expedited examination	
1202 18 2202 9	Claims in excess of 20		1					esign application	
1	ndependent claims in excess of Multiple dependent claim, if not p		Other fo	ee (specify)					
	r Reissue independent claims or								
	Main and a suppose of 20	and aver adding							
1205 18 2205 9	*Reissue claims in excess of 20 patent	an over unfind							
SUBTOTAL (2) (\$) 18 40 **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.			* Reduced by Basic Filing Fee paid SUBTOTAL (3) (\$40						
*For Reissues, see above			+-					Complete (if applicat	ole)
SUBMITTED BY	Poline Coker		Regis	tration No.	SO	516	Т		1-931-4454
Name (Print/Type)	1	,			10-1			10/29/200	
Signature							Date	10/29/200	د

CERTIFICATE OF M	Docket No.				
Applicant(s): David Ber	D3049				
Serial No.	Filing Date	Examiner	Group Art Unit		
Unassigned	Filed Herewith	Unassigned	Unassigned		
I hereby certify that the fo	llowing correspondence:				
	New U.S. Patent Ap (Identify type of co				
service under 37 CFR 1.1	e United States Postal Ser 0 in an envelope addressed 5, P.O. Box 1450, Alexand	vice "Express Mail Post Off I to: Mail Stop Patent Appli ria, VA 22313-1450 on	fice to Addressee" cation,		

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

EV317194799 US
("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.

(Date)